

<b>Case Number:</b>	CM14-0041976		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and headaches reportedly associated with an industrial injury of April 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of acupuncture; topical compounds; biofeedback; and knee corticosteroid injections. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for 'TP,' denied a request for six sessions of biofeedback, apparently partially certified bilateral knee steroid injections already performed as a right knee corticosteroid injection alone, approved a cervical MRI, approved Voltaren gel, denied topical Lidoderm patches, denied Flexeril, and denied a topical compounded drug. The claims administrator invoked non-MTUS ODG guidelines to partially certify the steroid injection on the grounds that an earlier left knee corticosteroid injection had been unsuccessful in conjunction with MTUS guidelines. The applicant's attorney subsequently appealed. On March 13, 2014 the applicant presented with persistent complaints of bilateral knee and neck pain. The applicant had bilateral upper extremity radiculitis, it was suggested with neurologic changes and decreased sensorium noted about the upper extremities. A trigger point injection was endorsed. The applicant was asked to repeat knee corticosteroid injection therapy, obtain a TENS unit trial, and employ topical compound as well as Voltaren gel and topical Lidoderm. The applicant had decreased sensorium about the left upper extremity C6-C7 distribution, it was noted and had moderate to severe bilateral knee tenderness, left greater than right. Bilateral knee corticosteroid injections were performed in the clinic. The applicant was asked to obtain a cervical MRI and trigger point injection therapy. Lidoderm patches, Voltaren gel, a topical compound, and Flexeril were endorsed. Work restrictions were also suggested. It was not stated whether or not the applicant's employer was able to accommodate said limitations or not. In a February 28, 2014

progress note, the applicant was described as having persistent multifocal pain complaints. Continued physical therapy and acupuncture were endorsed. It was not stated how much physical therapy or acupuncture the applicant had had. It did not appear that the applicant was working with limitations in place. On February 19, 2014, the applicant was described as having comorbidities including lupus for which she was using methotrexate weekly injections, meloxicam, and prednisone on and off. The applicant had had bilateral knee corticosteroid injections; it was suggested, prior to this point in time. The applicant was doing biofeedback; it was further noted, with some reported benefits. These were not elaborated upon, however. Topical compounds, physical therapy, aquatic therapy, and trigger point injection therapy were sought. On November 5, 2013, the applicant was again given work restrictions and asked to continue biofeedback at this point in time. The applicant was described as unchanged with earlier treatment. It was, once again, not clearly stated whether or not the applicant's employer was able to accommodate the limitations in question.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trigger point (TP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended in applicants with myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended in the treatment of radicular pain, as is present here. In this case, the applicant has persistent complaints of neck pain radiating to the arm with associated hyposensorium appreciated on exam. The applicant's pain, thus, does not appear to be myofascial in nature. Accordingly, the request is not medically necessary.

**6 biofeedback sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback topic; Page(s): 25.

**Decision rationale:** While page 25 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to six to ten sessions of biofeedback in applicants who are concurrently enrolled in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity, in this case, however, the applicant has had prior unspecified amounts of biofeedback over the course of the claim and has, however, failed to demonstrate any lasting benefit or functional

improvement through the same. The applicant is seemingly not working. Work restrictions were renewed, seemingly unchanged, from visit to visit, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of biofeedback over the course of the claim. Therefore, the request for six additional sessions of biofeedback is not medically necessary.

**Retrospective bilateral knee steroid injections (DOS: 3/13/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, invasive techniques such as cortisone injections in question are "not routinely indicated." In this case, the applicant had had earlier prior knee corticosteroid injections to both knees. The applicant experienced only fleeting benefit from the same. The applicant's work status and work restrictions were seemingly unchanged from visit to visit as was the applicant's dependence on medical treatment in the form of biofeedback, topical compounds, analgesic medications, etc. All of the above, taken together, suggests a lack of functional improvement, despite one prior set of corticosteroid injection to each knee. Therefore, the request for repeat bilateral knee steroid injections was not medically necessary.

**Lidocaine patches, apply 1-3 12 hours on/12 hours off, #90, with 1 refill (prescribed 3/13/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there was no evidence that anticonvulsants and/or antidepressants were trialed and/or failed before lidocaine patches were considered. Therefore, the request was not medically necessary.

**Flexeril 10mg, at bedtime as needed, #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was concurrently using a variety of oral and topical medications. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

**Compound cream: Ketamine 5% Gabapentin 2% Lidocaine 5%, #3 with 2 refills (prescribed 3/13/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the primary ingredients in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.